

Foster Family Home - Corrective Action Report

Provider ID: 1-190066

Home Name: Nora Cristina M. Lachica, CNA

Review ID: 1-190066-1

976 Hanau Street

Reviewer: David Ayling

Wahiawa

HI 96786

Begin Date: 8/23/2019

Foster Family Home

Required Certificate

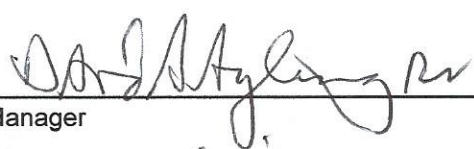
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and


Comment:

Home inspection for a new 2 person CCFFH certification made on 8/23/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.


Compliance Manager

8/23/19
Date


Primary Care Giver

8/23/19
Date